FORM D

Wall Processing Securities and exchange commission

PROCESSED JUL 3 0 2008

FORM D

AUG 01 2008 Washington. PURSUANT TO BE THE PURSUANT

SECTION 4(6), AND/OR

THOMSON REUTERS

UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | |
|--------------------------|---------------|--|--|--|--|--|--|
| OMB Number: | 3235-0076 | | | | | | |
| Expires: | June 30, 2008 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response 16.00 | | | | | | | |

| SEC USE ONLY | | | | |
|--------------|--------|--------|--|--|
| Prefix | | Serial | | |
| | | | | |
| DATE | RECEIV | ΈD | | |
| l1 | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indic | cate change.) | |
|--|----------------------------------|---|
| Series B Preferred Stock | | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 | Section 4(6) ULOE | |
| Type of Filing: New Filing Amendment | | |
| A. BASIC IDENTIFICATION DATA | 4 | |
| Enter the information requested about the issuer | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate | e change.) Baxano, Inc. | 1 10 4 5 C 0 10 C 10 C 10 C 10 C 10 C 10 C 10 |
| Address of Executive Offices: (Number and Street, City, State, Zip Code) 2660 Marine Way, Suite B, Mountain View, CA 94043 | | |
| 2660 Marine Way, Suite B, Mountain View, CA 94043 (650) 937-1400 Address of Principal Business Operations: (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same | | 08057198 |
| Brief Description of Business: Medical Devices | | |
| Type of Business Organization | other (please specify): public l | imited company |
| Actual or Estimated Date of Incorporation or Organization: Month Year | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, NE, Washington, DC 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | | A. BASIC IDENTIF | ICATION DATA | | |
|---|------------------------------------|--|---------------------------|----------------|---------------------------------|
| securities of the issuer, | er, if the issuer ving the powe | r has been organized with er to vote or dispose, or | direct the vote or dispos | | r more of a class of equity |
| and | | • | t corporate general and | managing partn | ers of partnership issuers; |
| Each general and managin Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in Bleich, Jeffery | ndividual) | | | | |
| Business or Residence Address | (Number a | and Street, City, State, 2 | Zip Code) | | |
| | • | y, Suite B, Mountain | • | | |
| | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in Hirsch, Russell | ndividual) | | | | |
| Business or Residence Address Baxano, Inc., 2660 | • • | and Street, City, State, 2 | . , | | |
| Check Box(es) that Apply: |] Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in Harrington, Willian | • | | | | |
| Business or Residence Address Baxano, Inc., 2660 | • | and Street, City, State, 2 by, Suite B, Mountain | • | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in Saadat, Vahid | ndividual) | | | | |
| Business or Residence Address | (Number a | and Street, City, State, 2 | Zip Code) | | |
| Baxano, Inc., 2660 | Marine Wa | y, Suite B, Mountain | View, CA 94043 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☑ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in Jay Shukert | ndividual) | | | | |
| Business or Residence Address Baxano, Inc., 2660 | • | and Street, City, State, 2 y, Suite B, Mountain | • | | |
| Check Box(es) that Apply: |] Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in Pinnacle Ventures | • | oldings, L.L.C. | | | |
| Business or Residence Address | • | . • • • | Zip Code) | | |
| | | Palo Alto, CA 94301 | | | |
| Check Box(es) that Apply: Full Name (Last name first, if in | Promoter | Beneficial Owner | Executive Officer | ☐ Director | General and/or Managing Partner |
| Prospect Venture F | • |) _. | | | |
| Business or Residence Address 435 Tasso Street, S | (Number a | and Street, City, State, 2 | Zip Code) | | |
| | | • | | | |

| A. BASIC IDENTIFICATION DATA (Cont'd) | | | | | | | | | | |
|--|----------------------------|-------------------|------------|---------------------------------|--|--|--|--|--|--|
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | ☐ Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, if individual) Entities Affiliated with Three Arch Partners IV, L.P. | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3200 Alpine Road, Portola Valley, CA 94028 | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | |
| Business or Residence Address (Number | and Street, City, State, 2 | Zip Code) | | | | | | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | |
| Business or Residence Address (Number | and Street, City, State, 2 | Zip Code) | | | | | | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | |
| Business or Residence Address (Number | and Street, City, State, 2 | Zip Code) | | | | | | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | |
| Business or Residence Address (Number | and Street, City, State, 2 | Zip Code) | | | | | | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, if individual) | · | | | | | | | | | |
| Business or Residence Address (Number | and Street, City, State, 2 | Zip Code) | | | | | | | | |
| Check Box(es) that Apply: | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | |

| | | | | | B. INF | ORMATI | ON ABO | UT OFFE | RING | | ···· | | |
|---|------------|-------------|--------------|------------|--------------|--------------|----------------------------|---------------|------------|-----------|---|-------------|------------|
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | Yes No □ 🏻 | | | | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | N/A | | | | |
| | | | | | | | | | | | | | Yes No |
| | | | | | | | | | | | | | 凶 ⊔ |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person | | | | | | | | | f a person | | | | |
| | | | | | | | | | | | ith a state | | |
| | | | | | | | ersons to t ealer only. | | re associa | teu perso | ns of such | a blokel | |
| | | | if individ | | , | | | | | | | | |
| | | | | | | | | | | | | | |
| Ducines | e or Dacid | once Add | race (Num | her and Si | treet, City, | State 7in | Code) | | | | | | <u> </u> |
| Dusines | s or Kesia | CIICE Add | iess (ivuiii | oci ana si | ucci, City, | , State, Zap | Code | | | | | | |
| Name o | f Associat | ed Broker | or Dealer | | | | | | | | | | |
| | | | | | | | | | | | | | |
| States in | Which P | erson List | ed Has So | licited or | Intends to | Solicit Pu | rchasers | | | | <u>-</u> | - | |
| (Che | eck "All S | tates" or o | heck indi | vidual Sta | tes) | | | | | | • | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| ruii Nai | me (Last i | iame iirsi, | if individ | uai) | | N/A | | | | | | | |
| Busines | s or Resid | ence Add | ress (Num | her and Si | treet, City, | State Zir | Code) | | N/A | | | | |
| Dusines | o resid | once 1 tau | 1033 (114.11 | our and o | irooi, eny, | , 0, 22 | , code, | | | | | | |
| Name o | f Associat | ed Broker | or Dealer | • | - | N/A | | | | | | | |
| | | | | | | | | | | | | | |
| States in | n Which P | erson List | ed Has So | licited or | Intends to | Solicit Pu | ırchasers | | | • • | | · | |
| (Che | eck "All S | tates" or o | heck indi | vidual Sta | tes) | | | •••••• | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amo already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchan offering, check this box \square and indicate in the columns below the amounts of the securit offered for exchange and already exchanged. | nge | |
|----|--|-----------------------------|---------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | - | \$ |
| | Equity | \$ <u>20,000,000</u> | \$ <u>20,000,000</u> |
| | Common Preferred | 3 <u>20,000,000</u> | <u> 20,000,000</u> |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | | s |
| | Other (Specify) | | \$ |
| | Total | | \$ 20,000,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE | <u> </u> | \$ <u></u> |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securified in this offering and the aggregate dollar amounts of their purchases. For offerings un Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero and the aggregate dollar amount of their purchases of the total lines. | der gate | Aggregate |
| | Investors | Number of Purchases | Dollar Amount |
| | Accredited Investors | 5 | \$ <u>20,000,000</u> |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (months prior to the first sale of securities in this offering. Classify securities by type list in Part C - Question 1. | 12) sted | Dollar Amount |
| | Type of Offering | Type of Security | Sold |
| | Rule 505N/A | | \$ |
| | Regulation AN/A | 180 11 | \$ |
| | Rule 504N/A | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Excluded amounts relating solely to organization expenses of t information may be given as subject to future contingencies. If the amount of an exknown, furnish an estimate and check the box to the left of the estimate. | he issuer. The | |
| | Transfer Agent's Fees | ••••• | □ \$ |
| | Printing and Engraving Costs | | □ s |
| | Legal Fees | | ⊠ \$ <u>50,000</u> |
| | Accounting Fees | | □ \$ |
| | Engineering Fees | | S |
| | Sales Commissions (specify finders' fees separately) | | □ s |
| | Other Expenses (identify) Finders' fees | | □ s |
| | | | |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND | USE OF PROCEED | S | |
|--|-----------------------------------|-------------|-----------------------|
| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | | \$ <u>19,950,000</u> |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. | | | |
| | Payments to | | |
| | Officers, Directors, & Affiliates | _ | Payments To Others |
| Salaries and fees | <u> </u> | | \$ |
| Purchase of real estate | 🗆 \$ | | \$ |
| Purchase, rental or leasing and installation of machinery and equipment | 🗆 \$ | | \$ |
| Construction or leasing of plant buildings and facilities | 🗆 \$ | | \$ |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another | | | • |
| issuer pursuant to a merger) | | | \$ |
| Repayment of indebtedness | 🗆 \$ | | \$ |
| Working capital | 🗀 \$ | \boxtimes | \$ <u>19,950,000</u> |
| Other (specify) | 🗆 \$ | | \$ |
| | | | \$ |
| Column Totals | 🗆 \$ | | \$ <u>19,950,00</u> |
| Total Payments Listed (column totals added) | 🛭 🛣 \$_ | 19,9 | 50,000 |
| D. FEDERAL SIGNATURE | | | |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excl of its staff, the information furnished by the issuer to any non-accretited investor pursuant to paragraph | hange Commission, up | on w | ritten request |
| Issuer (Print or Type) Signature- | Date:/_ | | |
| Baxano, Inc. | 1/29 | <u> </u> | |
| Name of Signer (Print or Type) Title of Signer (Print or Type) | | / | - |
| Stephen Thau Secretary | | | |

ATTENTION

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)

